



President's Message

Internet System of Tracking Over-Prescribing Act (I-STOP) and Practical Impact for Physician Practices

By Thomas T. Lee, MD

New York State passed the I-STOP legislation in August, 2012. Numerous provisions of this new law impact a physician's practice. Despite the opposition by many medical professionals who care for patients with pain, stringent requirements were imposed. The law requires the creation of a real-time controlled substance prescription tracking system and provides prescribers and pharmacies access to this registry. **Physicians are required to consult the database prior to prescribing Schedule II, III, and IV controlled substances beginning August 27, 2013.**



MSSNY advocacy resulted in the change of the legislation's language to allow prescribers to delegate such duties to their office staff, though the physicians remain ultimately responsible for the verification process. The legislation also mandates electronic submission of all prescriptions by December 31, 2014. The prescription drug registry will be compatible with the electronic transmission of prescriptions for controlled substances. More detailed information can be obtained at:

<http://www.health.ny.gov/professionals/narcotic/practitioners>.

There are a few exceptions to the duty to consult the registry from the physicians' standpoint, and they include: 1) dispensing methadone or such other controlled substance designated by the commissioner as appropriate for such use; 2) the controlled substance is being administered in the prescriber's office; 3) prescribing or ordering a controlled substance for use within an institution (hospital or clinic); 4) the prescription is being written in an emergency room setting and is for no more than a five day supply of medication; 5) the prescription is written for a hospice patient; 6) it is not reasonably possible to access the registry in a timely manner, and the supply is limited to 5 days; 7) where the consultation of the registry would result in a patient's inability to obtain the prescription in a timely manner, thereby adversely impacting the patient's medical condition; 8) practitioner who has been granted a waiver due to technological limitations not within the control of the practitioner, or other exceptional circumstances; 9) where the registry is not operational or cannot be accessed due to a temporary technological or electrical failure.

In order to access the registry, physicians need to establish a health commerce system account.

Establishing a new account takes about two weeks. To create a new account one can go to <https://hcsteamwork1.health.state.ny.us/pub/top.html> and follow the instructions for the application. Once the application is processed, the physician will be emailed the documents. The documents must be printed, notarized, and received by the DOH for one's user ID to be issued. Physicians will also need to complete the official New York State Prescription Form, DOH-4329 (7/12), have it notarized, and forward to the NYSDOH Bureau. This form is located on the MSSNY website at www.mssny.org. More information may be obtained by

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Upcoming Events Mark Your Calendar

Monday, March 4th - 5:00 pm
CME Committee Meeting

Monday, March 4th - 5:30 pm
**MSSNY Legislative Forum/
Videoconference @ WCMS**

Tuesday, March 5th
MSSNY Physician Advocacy Day in Albany

Thursday, March 7th - 6:00 pm
Board of Directors Meeting

Wednesday, March 20th
**Doctors' Day Celebration/CME Event
(with Bronx) (See page 5)**

Monday, April 1st - 5:00 pm
CME Committee Meeting

Thursday, April 4th - 6:30 pm
Board of Directors Meeting

April 12th - 14th
**MSSNY House of Delegates
(Westchester Marriott – Tarrytown)**

Friday, June 7th - 6:00 pm
**WCMS Annual Meeting
(Westchester Country Club – Rye)**

Newsletter Submissions

Members are encouraged to submit articles, letters to the editor, classified ads, members in the news, etc. for publication in the Westchester Physician.

**The deadline for the
March 2013 issue is February 25th.**

Please email your submissions for review to
Karen Foy, Managing Editor @ kfoy@wcms.org

FROM THE EDITOR

"Tanzania"

By Peter Acker, MD



I recently got back from a trip to Tanzania which was sponsored by the Oberlin Alumni Association. There were twenty-eight people on the trip - all Oberlin alums and/or spouses. It was quite an interesting group - several were originally professional musicians (Oberlin, besides having a liberal arts college, also has a music conservatory) who eventually went into other careers. One, a trombonist, developed some sort of malady of his mouth related to years of playing and so had to stop and now tunes pianos. Another, a flutist, developed chronic tennis elbow from years of playing and went into computer science. There is quite an interesting branch of medicine related to music related disorders. I've had a couple of patients with overuse syndromes related to instrument playing and I was lucky to find a doc at Mt. Sinai who specializes in music medicine. Anyway, I digress - my point is that the company was interesting and also included another MD, a few PhD's, and an international economist, so conversations were lively! One was a member of my class who, though we lived in the same dorm freshman year, I had never met. He and his wife (a non-Obie social work therapist) became fast friends with us - we shared the same safari cruiser (each could hold 6 and had a retractable top so you could stand up and look around). We were amazed at how much we had in common.

We flew out of JFK late in the afternoon on January 14th, had a layover in Amsterdam, and then flew to Kilimanjaro, arriving about 11 pm the next day. After clearing customs it was 40 minutes to our hotel in Arusha. The next morning we awoke to an incredibly verdant landscape. That afternoon we went to Lake Manyara National Park and stayed in a lodge overlooking a valley with a small lake in the middle, all of which is part of the Great Rift Valley that extends from Syria to Mozambique. Up to this point we hadn't seen too much animal-wise and, dare I say it, the natives were getting restless - "show me the wildlife!" The next morning we headed into the park proper and it was baboons, monkeys, and elephants galore and we drove for several hours first circling the famous Ngorongoro Crater (more about that later) and finally reaching the vast Serengeti Plain, most of which is an



enormous protected national park, and began to see large herds of wildebeests, zebra, various species of antelope, giraffes, and birds both large and small. We had a lot of ground to cover that day, so we drove quickly over a dirt road towards our next lodging where we arrived at dusk. There we stayed for several days taking daily trips into the Serengeti. Finally we had time to really linger and proceed slowly and stop whenever we saw something interesting.

The first really exciting encounter was watching three cheetahs sunning themselves on a rock about ten feet from us. A bit later, one of our group spotted a leopard lying languidly in a tree some 75 yards away. We stopped and had him fixed in our binocular sights when suddenly he leaped from the tree onto three gazelle that had wandered unsuspectingly under the tree - none of us had seen them prior since we were focused on the leopard. Two of the gazelle came charging out of the tall grass. The leopard meanwhile was invisible in the grass,

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logging onto: www.health.ny.gov/professionals/narcotic/practitioners.

The views on narcotic pain medications have changed and the pendulum has swung widely. Narcotic pain medication was frowned upon 30 years ago because of potential dependence and abuse. More recently, society at large, health care institutions, governmental and regulatory agencies such as the Joint Commission have promoted and mandated pain assessment and treatment programs, touting pain as the fifth vital sign. Initially, physicians were blamed for not being sympathetic to their patients and for not prescribing an "adequate" amount of pain medication to control their patients' pain. In response to the regulatory, institutional, and patient demand, the physician community started to prescribe narcotic pain medication more frequently. The pharmaceutical industry in turn focused their R & D and marketing/advertising efforts on various narcotic pain medications. The causes of the narcotic over-utilization are the combination of increased demand from the population, physicians' willingness to prescribe, widely available medication supply, pharmaceutical marketing, and governmental/regulatory requirement of pain control.

Physicians are the advocates for patients. Narcotic medication is merely one of many treatment modalities for pain control. When patients, the public, and government recognize that pain cannot be completely eliminated at all cost, and change their expectation of pain treatment programs, the narcotic medication prescription level will decrease substantially as a corollary.

The Federal Government and New York State need to have more coherent policies on controlled substances. At the same time the Government is limiting access to prescription controlled substances, it is legalizing and "decriminalizing" marijuana. Physicians, mass media, government, and the educational system need to better educate the public on the appropriateness of narcotic pain medication use, and its potential problems of addiction and dependence. The "zero pain tolerance" policies at healthcare institutions expected by patients and their families need to be modified. We also need to rethink the wisdom of pharmaceutical mass advertising and marketing. The New York State Health Department Bureau of Narcotic Enforcement has its sole focus on physicians prescribing narcotic medication. We can also anticipate NY State to mandate additional training and CME requirements for physicians prescribing controlled substances in this coming legislative session. By virtue of tough criminal penalties and time-consuming prescription research required of physicians under I-STOP, legitimate access to these medications will be diminished.

As practicing physicians, there are things we can do. We should speak to our legislators about the negative impact of I-STOP on the legitimate need of our patients for narcotic pain medications. CME requirements should be reasonable and easily accessible. We should ask both our legislators and the DOH to improve the Health Commerce System website and the controlled substance registry such that access is simple yet secure. We prefer the unveiling of a highly functional and secure site than one which merely meets the deadline but is cumbersome and impossible to navigate. The system must provide accurate up-to-date information. A well tested website anticipating the amount of internet traffic hitting the website can possibly reduce future problems. We should also continue to educate our patients and the public on the adverse effects of controlled substance abuse and dependence.

Physicians are the advocates for patients. Narcotic medication is merely one of many treatment modalities for pain control. When patients, the public, and government recognize that pain cannot be completely eliminated at all cost, and change their expectation of pain treatment programs, the narcotic medication prescription level will decrease substantially as a corollary.

You can find more information on the I-STOP law on the MSSNY website. There is also an on-line CME activity available, "What Physicians Need to Know about the NYS Prescription Monitoring Program." The program provides one hour of free CME credit.



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10th Annual Doctors Recognition Day
Wednesday, March 20, 2013

HUTCHINSON METRO CENTER
CONFERENCE CENTER & METRO CAFÉ
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Symposium

Lifestyle Modifications & Strategies
Promoting a Heart Healthy Bronx

1.0 AMA PRA Category I Credits™

6:00 PM – 7:30 PM

View the Program Agenda
Online at bronxdocs.org

Physicians Exposition & Poster Presentations
4:30 PM



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Represents
Love, Charity, Sacrifice,
Bravery & Courage

You are encouraged to register via email: bxcms@msn.com or Fax to: 718 549-6681
Include your name, address & contact telephone number – Deadline 3/13/2013

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of the State of New York (MSSNY) through the joint sponsorship of the Westchester Academy of Medicine and Bronx County Medical Society. The Westchester Academy of Medicine is accredited by MSSNY to provide Continuing Medical Education for physicians.

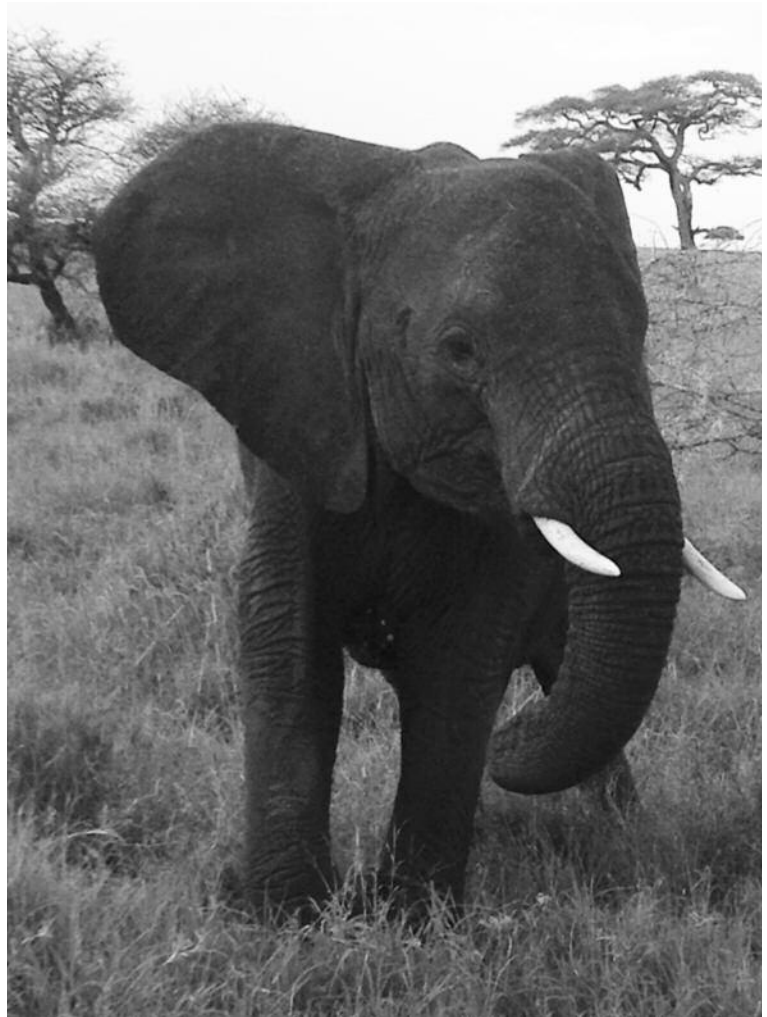
The Westchester Academy of Medicine designates this live activity for a maximum of **1.0 AMA PRA Category I Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Westchester Academy of Medicine adheres to **ACCME Standards for Commercial SupportSM** of continuing medical education. All speakers participating in Continuing Medical Education activities are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentations.

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though we could see movement at the brush tops. We waited ten minutes or so and then suddenly there was the leopard again, dragging a carcass. Holding it firmly in his jaws, he climbed back up to his perch and placed his bounty securely in a crook between two branches. One of the members got the whole thing on video. We continued to watch the leopard and spotted three elephants - two adults and one very small. They were heading towards the same tree. They actually walked under it - the leopard eyed them hungrily, but as the guide explained - no leopard would dare to attack a baby elephant with his mom around. Then it was onto a small pond filled with hippos.

After three days, we returned to Ngorongoro where we stayed for another three days - taking daily trips down into the crater - originally a volcano that exploded eons ago and left large (several miles across) depression with a shallow lake in the middle and included dry grassland, marsh, and acacia forest - an interesting mix of ecosystems. Because of the high surrounding crater rim, it was hard for some animals to come in or out. Giraffes, for example, so common on the Serengeti, were entirely absent here. Rhinos, on the other hand, exist here in this protected enclave - easier to protect from poachers (we saw a few armed rangers on patrol). The lake has several hundred flamingos. The grass plains are home to several prides of lion, which we were able to observe on several occasions moving en masse across the plain.



The last day there, we visited a Masai village. They are permitted to continue their centuries-old pastoral life style - i.e. with large herds of cattle, goats and sheep. The Serengeti Park is off limits to any human enterprise, but the Ngorongoro is "Conservation Area," which means that it is protected but allows certain types of activity. No farming is allowed, but

herding cattle is deemed compatible with long term conservation, since they rotate their animals among different pastures. Each morning, we could see the Masai herding their animals down a steep trail to the crater bottom and then back up at the end of the day. The village consisted of many small huts built with a skeleton of branches and covered with a mixture of dung and mud. On arrival they greeted us with a dance and song. One of the dances involved several men standing in a circle, chanting rhythmically and in turn each would go into the center and jump high in the air three or four times in a row and then land with both feet in a resounding thump. At some point, the village chief pointed to me (why me!) and

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bade me to join in. Not wanting to start an international incident, I reluctantly went in - they handed me a long pole and I began to leap (who says white men can't jump!) I really began to get into it and several times I landed like a gymnast sticking it! Then we were each taken by a Masai man into one of the huts which are partitioned with branches into sleeping areas, a central fire pit, and a separate area blocked for baby cattle. We went to a larger dwelling that had about 20 young kids sitting at crude makeshift desks and a large black board in front covered with letters, numbers and words in English and Swahili.

One of the kids came to the front, pointed to the alphabet and began to recite the letters. A child in the front row extended his hand and I shook it and suddenly the whole group was clamoring for my hand and I felt like Bill Clinton on a campaign stop as I shook each



kid's hand. The Masai are a handsome people - their long treks across the plains keep them slim and wiry. Their diet consists principally of meat, milk, and blood - they eat virtually every part of the animal. It reminded me of the Arctic explorer, Peter Freuchen who famously spent a month in a NY apartment eating nothing but fish to prove that one could survive with such a diet as long as every part of the fish was eaten (organs, skin, etc.).

An additional perk of the trip was the presence of an Oberlin biology professor who gave a couple of fascinating lectures - which included some interesting historical things. For example, he asked, what person had the biggest impact on the 20th century? His answer: Fritz Haber, who discovered a method to convert atmospheric nitrogen to ammonia which could then be used to manufacture fertilizers, which in turn allowed a massive population explosion from less than one billion to seven billion in just one century, which has had a devastating environmental impact. Ironically, it also was used to create munitions like poison gas. It made me think of a lecture I heard years ago at a conference on the development of mustard gas as a weapon, which then led to a chemotherapeutic agent. A similar irony exists here: when Haber told his wife (also a PhD chemist) that he was

going to the front to observe the use of gas on enemy soldiers, she beseeched him not to go. He went anyway, and while he was gone she shot herself. His discovery also led to the development of the gas used in the camps during WWII - he was Jewish and had to flee the country in the early 30's.



Finally our trip was over and we girded ourselves for the trip home. It was longer

going home, since we had to fly first to Dar es Salaam. All in all it took more than 24 hours. My Achilles tendon began to ache from hours of sitting in a plane and by the time we got home, I was really limping (I've had problems with it in the past). It suddenly occurred to me - it was the Masai dancing! Now I'm hobbling around wearing a device that keeps my foot in dorsa flexion. I went from a Masai warrior to a Masai worrier!

◆

WCMS Board Highlights - January 2013

At its meeting on January 10, 2013, the WCMS Board...

- Welcomed **Steven Peltz, CHBC, and Barry Reiter, CHBME, from Peltz Practice Management and Consulting Services.** Mr. Peltz and Mr. Reiter discussed their suite of practice management services tailored to physicians and medical practices and answered many questions. Physicians interested in their services can reach them by contacting WCMS.
- **Received the Report of the Executive Committee and the President, as presented by Thomas Lee, MD** which included an update on the WCMS lease negotiations, a discussion regarding the potential of offering, as a member benefit, discounted graduate level courses in business for physicians, and the need for a replacement broker service to assist members in their search for health insurance benefits. All of these items are in progress.
- **Approved the proposed 2013 Budget as presented by Peter Liebert, MD, Chair, Budget and Finance Committee.**
- Heard a report from the President, Westchester Academy of Medicine, Joseph Tartaglia, MD, and Karen Foy, Director of CME regarding the status of CME billing and collections for 2012. All outstanding monies owed by hospitals and groups must be collected prior to the 2012 Audit, scheduled for March 2013.
- **Approved the Report of the Membership Committee welcoming two (2) new members to the WCMS and Academy (see below).** ♦

Welcome to our Newest WCMS/Academy Members

Join us in welcoming the following new members who were elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine by the Board of Directors in January.

New Members

Bev Guo, MD

Koyejo Abiodun Oyerinde, MD

Hand Surgery

Pediatrics

Hawthorne

Yonkers

Why the other side hates to see us on your side.

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- We aggressively defend and resist any payment for frivolous claims.
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News from MSSNY

Physicians Urged to Contact Their Legislators in Support of Out-of-Network Reform Legislation

All physicians are urged to contact their legislators in support of legislation (S.2551, Hannon) that would enact comprehensive out-of-network transparency and reform, including prohibiting health insurers from selling policies for out-of-network providers that, in fact, fail to adequately provide such coverage. A letter can be sent by going to: http://capwiz.com/mssny/issues/alert/?alertid=62340081&type=ML&show_alert=1.

This week, MSSNY Vice President, Dr. Andrew Kleinman, was quoted in an article in *The New York Times* discussing a report issued by the HMO trade group AHIP that gave examples of high out-of-network charges. The article also highlighted a Long Island resident whose coverage for gall bladder surgery was far below the physicians' charges for such surgery. In the article Dr. Kleinman noted that the problem is actually created by health insurers who have effectively shifted the costs of out-of-network care onto patients by drastically reducing their coverage level for out-of-network care by basing payments on a percentage of Medicare, which is far below the actual costs of care. The actions by the insurers also are undermining the transparency goals of Governor Cuomo, who as Attorney General stopped insurers from using the manipulated Ingenix database and required them to contribute to create the new independent Fair Health database for reporting medical charges.

"They're selling you an insurance product you can't use," Dr. Kleinman said in the article. "You're buying an insurance policy where the out-of-network benefit is useless."

Senator Hannon's legislation would largely address the problems that were articulated in *The New York Times* article by enacting a number of reforms that impact physicians, hospitals and health insurance companies including:

- Prohibiting health insurance companies from offering policies for out-of-network coverage unless it provides significant coverage of the usual and customary costs of out-of-network;
- Providing greater assurance that health plans' physician networks are adequate to meet the needs of their enrollees;
- Assuring patients in all New York regulated health insurance products have the right to arrange to see a physician not participating in the plan if such network is inadequate;
- Requiring health care providers not participating in a plan's network to disclose to their patients, upon request, reasonably anticipated charges for medical care, and to disclose to their patients the identity and contact information of health care providers whose services are arranged by such health care provider who may be involved in the patient's care;
- Permit health insurers and patients the power to challenge charges for emergency medical care, that exceed the usual and customary costs (80% of FAIR Health) of such care as compared to similarly educated physicians in the same area, and assure that such review considers the particular expertise of the physician providing the emergency care and the complexity and circumstances; and
- Require hospitals to post charges for items and services on its website, and to disclose to patients on its website and at the time of pre-admission testing a list of physicians providing care at the hospital whose charges will be billed separately from the hospital bill, and contact information for such physicians.

Peer Review Protection Legislation Introduced

Legislation (A.3138, Gottfried/ S.2071, Hannon) to extend confidentiality protection to all statements made by persons in attendance at peer review committee meetings will be considered by the Assembly Health Committee next week. The measure would close a loophole which exists in the law that allows disclosure of such statements in the event that the person who made the statement becomes a party to a subsequent proceeding involving the matter reviewed at the peer review session. The bill is the same as in previous years which narrowed the focus of the measure to peer review conducted in a hospital setting and created a new element of physician misconduct for the failure to "cooperate and participate reasonably and in good faith in the quality assurance, incident reporting and peer review programs" in such settings.





Medicaid Payment Increases being Implemented for Primary Care

Under a provision in the Affordable Care Act (ACA), starting on January 1, 2013, and through 2014, state Medicaid programs are required to begin paying for primary care services and vaccine administration at rates no lower than Medicare. In a number of states, these increases are very substantial. CMS recently posted a set of frequently asked questions about the implementation of the new policy. Physicians are encouraged to review these FAQs to learn which primary care specialists and subspecialists are eligible for the payment increases and how to obtain them. In addition, physicians can look to their own state Medicaid program's website for state-specific resources such as attestation forms and other implementation details. State medical societies may also have resources on this topic for their members.

The payment increases apply to states' Medicaid fee schedules, Medicaid managed care plans and state CHIP Medicaid expansion plans, although not to federally-qualified health centers or separate (stand-alone) CHIP plans.

New PLI Policy Research Perspectives

The AMA has produced two new Policy Research Perspectives (PRP) on the medical liability market. The first PRP provides an overview of PIAA data on indemnity and expense payments associated with professional medical liability claims that closed between 2002 and 2011, and describes how claims have been disposed and how policy limits have changed over time. In general, average indemnity payments were relatively stable between 2002 and 2011, particularly since 2006. Expense payments were stable the last two years, but this followed a period of pronounced growth between 2005 and 2009, when they increased by 63.8 percent. Over the 2002-2011 period, average expense payments rose by almost 80 percent. As in previous years, most claims continue to be dropped, dismissed, or withdrawn (65.3 percent in 2011). Just under a quarter of claims were settled, and less than 8 percent of claims were decided by trial verdict. Of these, the vast majority (89.7 percent) were won by the defendant. The PRP is available to AMA members at <http://www.ama-assn.org/resources/doc/health-policy/x-ama/prp2012-03piaa.pdf>.

The second PRP presents information of PLI premiums from the Annual Rate Survey issues of the Medical Liability Monitor (MLM). An overview of the 2004-2012 MLM premium data suggests that the medical liability climate for physicians is more favorable than it was in 2004. First, almost 60 percent of the premiums reported to the MLM in 2012 did not change from the previous year. In contrast, over 80 percent of MLM premiums rose in 2004. Secondly, increases in premiums, which occurred much less frequently in recent years, were smaller than at the beginning of the study period. While the overall liability picture has become more positive, there is uncertainty about how long this will continue. Although decreases in premiums have become more common than increases, they pale in comparison to the magnitude of the increases from the last crisis. Finally, there has been an uptick in the occurrence of rising premiums in the last three years. This suggests that the medical liability market bears close monitoring to see what direction premiums will take in the near future. The PRP is available to AMA members at: <http://www.ama-assn.org/resources/doc/health-policy/x-ama/prp2012-02mlm.pdf>. ♦

SAVE THE DATE

Academy Annual Golf Outing, Dinner and Fundraiser September 19, 2013 Westchester Country Club



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The MedTech For Solutions GPO is endorsed by the Westchester County Medical Society

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& SCHOPPMANN, P.C.***Attorneys to Health Professionals***FIRM ANNOUNCEMENT***info@DrLaw.com • DrLaw.com • 800-445-0954***KERN AUGUSTINE CONROY & SCHOPPMANN, P.C.
ANNOUNCES EXPANSION*****Firm Relocates from Garden City to Westbury, New York***

January 14, 2013

Effective immediately, in a reflection of the firm's continuing growth, Kern Augustine Conroy & Schoppmann, P.C. has relocated its Long Island offices from Garden City, New York to a new, expanded location in Westbury, New York.

Contact Numbers:

Phone: (516) 294-5432

Fax: (516) 294-5414

Mailing Address:

865 Merrick Avenue

Suite 200 South

Westbury, NY 11590

Please do not hesitate to contact Bill Melchior, Marketing Manager, if you have any questions or concerns regarding the firm's relocation.

THE PHYSICIAN ADVOCACY PROGRAM®

At Kern Augustine Conroy & Schoppmann, P.C., we have been opposing the harassment of physicians for over thirty years. Day-in and day-out our team of highly skilled, nationally recognized attorneys battles federal and state regulators and third party payors who seek to punish, harass, investigate and/or prosecute physicians. We remain on the cutting edge of ever changing rules and regulations affecting health care practitioners and the intricacies of today's health law.

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Can the High Cost of Doing Business Get Any Higher? What You Can Do To Fight Back

by Dwight Ryan, CEO, MedTech For Solutions

Today's medical practices are being squeezed from so many different directions.

Your expenses keep increasing including staff salaries, rent, utilities, equipment, professional liability coverage--and the list goes on.

On the other end income is shrinking as Medicare and insurance company reimbursement rates keep going down. Now medical practices are faced with a national health care program, and who really knows what the final impact of that will be but one thing looks certain; it will not be good for your bottom line.

Not too long ago Dr. Joseph Tartaglia, who was then your Society president, was talking about an announced 23% reduction reimbursements and said, "I don't know what I am going to do. Already we've suffered a lot of erosion in our income."

What can you do to offset the loss in income?

One way is to reduce your expenses to lessen the impact of lost income. Some of your expenses such as office rent and staff salaries are very difficult to control but there is an expense you can control – the amount you spend for your daily practice needs and you can start to reduce those expenses today!

One of your most important WCMS member benefits is the **free MedTech For Solutions Group Purchasing Organization which will save you from 10-50% on your medical and pharmacy supplies** as well as providing impressive savings on office supplies from Staples and Office Depot, computers from Dell, office furniture from nationally known companies, a 60% discount on Federal Express overnight mail, and much more. Best, if as most practices you use one of the major suppliers like Henry Shein, McKesson, Cardinal, or PSS **there is no change in your current suppliers, your brand name products, or any of your office procedures.**

Another former Society president, Dr. Amy Newberger, who was one of the first GPO members and said that her office, "averaged a 28% savings on our monthly purchases so I encourage those of you who have not taken advantage of this benefit to take a serious look at the opportunity."

Frankly I can't think of any reason not to join. As I said it's free and you will save money. No problem there! Maybe you think it will disrupt your office. Nope. You will continue to use the same suppliers and representatives and your ordering procedures don't change one bit. Maybe you think joining is cumbersome or difficult. No again. Our application is on our web site, www.medtech4solutions.com. Just fill out a few lines, hit send and you are on your way. But if you prefer we can make it even easier. You can take advantage of our GPO Concierge Service.

You, or your office manager, can contact our concierge, Karen Adams, who worked at a medical practice that uses our GPO and is expert in all its aspects. Karen will not only assist you to enroll but can also provide advice on how your office can best use the program to maximize your savings. She is available by phone at 1-866- 634-9144 ext 404 or by email at kadams@medtech4solutions.com.

You have absolutely nothing to lose and your bottom line will love you. Don't delay. Join the GPO today.



March 9th, 2013

WESEF

Westchester Science & Engineering Fair

Mission:

WESEF, the Westchester Science & Engineering Fair, provides a forum for high school students to showcase their scientific research studies and compete for scholarships and prizes including a grand prize all-expenses paid trip to the Intel International Science & Engineering Fair.



**Volunteer as
a Judge Saturday,
March 9th
8am - 3pm
Lunch &
gift provided!**

SEEKING JUDGES FOR WORLD CLASS SCIENCE FAIR

Professionals in all fields of science are needed to lend expertise in selecting the top regional high school science students to represent Westchester and Putnam counties at the Intel® International Science and Engineering Fair. **Volunteer Saturday, March 9th, 2013 8am - 3pm. Complimentary Lunch & Thank You Gift!**

Schedule of the Day:

7:45 - 8:15am Judge Registration & Complimentary Light Breakfast

8:15am - 8:45am Initial Screening of Posters

9am - 9:30am Judge Briefing

10am - 2pm Consecutive Judging Sessions (12 minutes each)
Complimentary Lunch

Please share this posting with all qualified colleagues who might also be interesting in sharing in the judging experience. It is a refreshing event - these are highly motivated top notch budding scientists!

To Volunteer as a Judge:

- Judge registration is online at www.wesefreg.org/judges
- Questions? For more info: wesefjudges@gmail.com
- Visit our website for more about WESEF: www.wesef.org

Save the Date: **March 9th, 2013**

Location: **Sleepy Hollow High School**
210 North Broadway
Sleepy Hollow, NY 10591



Categories

include:

Animal Science
Behavioral Science
Biochemistry
Cell Biology
Chemistry

Computer Science,
Earth & Space Science
Environmental Science
Engineering & Math
Medicine
Microbiology
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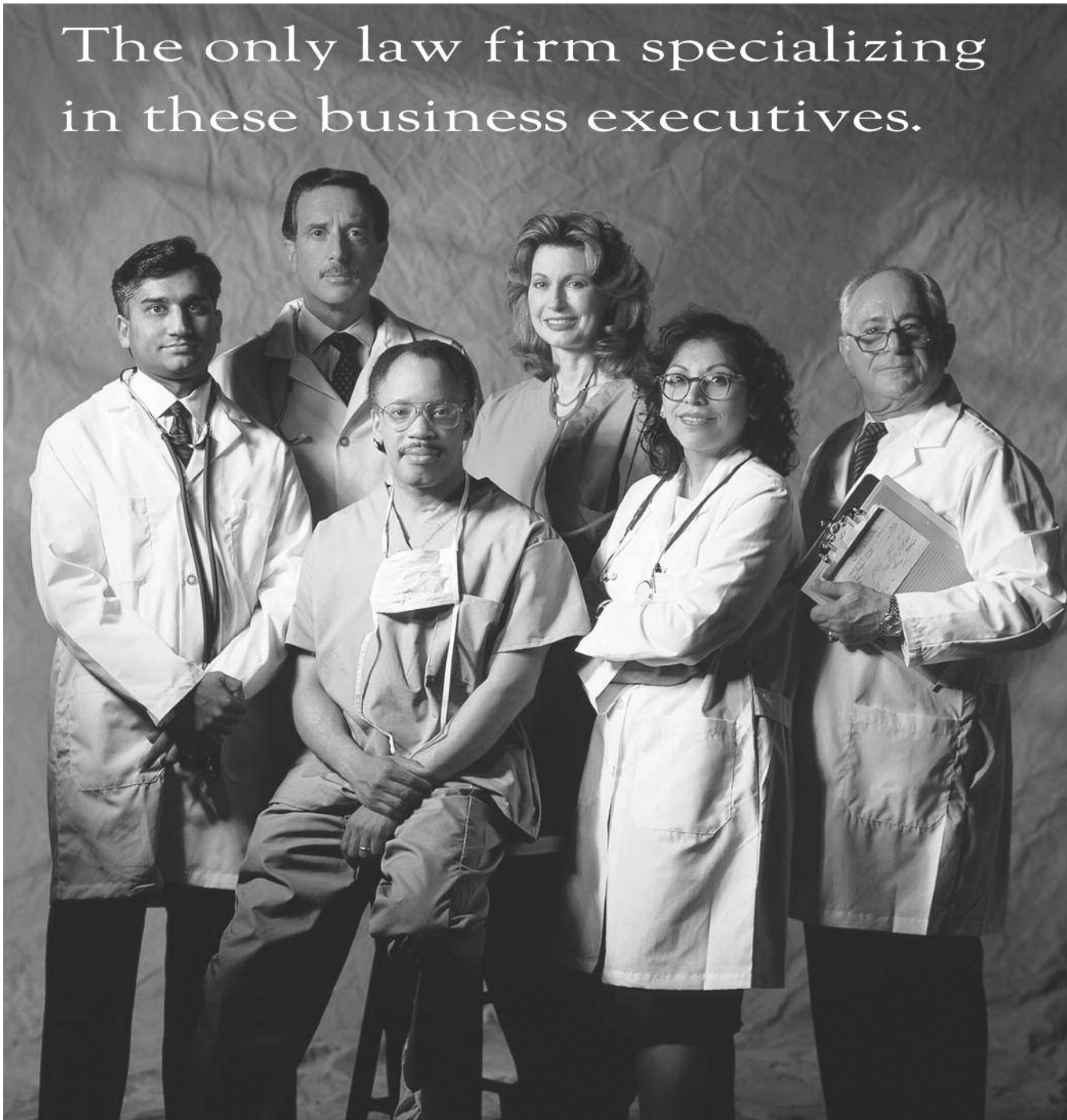
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29th Meeting of the Westchester Academy of Medicine's Ophthalmology Section

On January 16, 2013, the Ophthalmology Section of the Westchester Academy of Medicine held its second meeting of this academic year. Over 30 ophthalmologists from all over the county met at Arrosto Restaurant in Purchase, New York. It is always a pleasure to mingle with colleagues with whom mostly all contacts are by telephone. During the "cocktail hour" friendships are renewed, patients are discussed, concerns are voiced and camaraderie is felt by all.

This 29th meeting of this Ophthalmology Section was dedicated to individual presentations by ophthalmologists from this area under the capable leadership of Dr. Mitchell Stein.

The first presentation was by Dr. Martin Lederman. He has organized and gone on many trips to Africa and Central America to teach pediatric ophthalmology, particularly surgical techniques, to local ophthalmologists. His last journey was to Kenya. He with the organization he co-founded, "One World One Vision," will be going to Nepal in the spring to teach at the Medical School in Kathmandu. He presented a brief talk on the incidence of blindness and strabismus worldwide and the need to train local physicians in the latest techniques.

Doctors Beth Bromberg and Mitchell Stein have traveled to Haiti on multiple occasions to provide care. Dr. Bromberg presented numerous cases showing some of the ocular conditions requiring therapy that she has observed and treated on her trips there. Again, surgical care combined with teaching diagnostic and surgical techniques magnify the care given many fold.

Dr. Ameet Goyal presented the case of a young gentleman who, while exercising with an elastic tension device he thought was securely placed over the closet pole, accidentally pulled a hanger out of the closet and propelled it into his left orbit, just missing the eye. The technique required in removing the foreign body without injuring the eye or the orbital tissue was delicate and skillful.

Dr. Seth Bizer presented videos of the surgical removal of a dislocated lens in a Marfan Syndrome patient. This was a very difficult surgery and showed the technique required in a dislocated cataractous lens with the placement of a posterior chamber intraocular lens.

Dr. John Bortz presented a case of trauma to the right orbit. The patient had a fracture of the orbital floor, with the possible entrapment of the right inferior rectus. The diagnostic quandary was, "is this muscle entrapment and limitation, or muscle paresis?" And, therefore should this be observed or surgically operated? Surgery was eventually performed with good outcome.

Dr. Jennifer Galvin, from Yale University, gave a presentation on an interesting patient with multiple congenital anomalies and pediatric cataracts.

And finally, Dr. Gerald Zaidman gave a presentation on the Prokera ring, a device which can be used topically and not surgically correct persistent corneal epithelial defects using an amniotic tissue delivered on a PMMA ring.

For all these past years, Dr. Lederman and a steering committee has led the group. They have made it possible for us to have these meetings which have given us, as a group, a chance to maintain relationships. These meetings have all been academically of high caliber. Dr. Lederman will step down at the end of the Academic Year in May. As a group, we sincerely appreciate all of his hard work, time and energy. A nominating committee has been chosen and interested individuals should contact Drs. Mickatavage, Florakis or Bortz if they wish to be considered for the presidency.



Judges Needed for Westchester Science & Engineering Fair

The Westchester Science & Engineering Fair 2013 is in need of professionals that can judge all areas, especially the Medical/Biochemical/Microbiological projects. Physicians, medical researchers, nurses, lab technicians and graduate students would be great judges. **The Westchester Academy of Medicine provides sponsorship for the "Fourth Place in Category" awards and the prestigious awards for the top projects in Medicine and Health.**

Westchester Science & Engineering Fair (WESEF) is an amazing display of multi-year projects by the best high school science research students in Westchester and Putnam Counties. It provides a forum for high school students to showcase their scientific research studies and compete for scholarships and prizes, including a grand prize all-expenses paid trip to the INTEL® International Science & Engineering Fair. The top 8 individual projects and top 4 teams are awarded the honor of representing Westchester & Putnam counties in the INTEL® International Science & Engineering Fair, where they will compete with over 1500 top high school research students from over 50 different countries worldwide! Year after year, WESEF finalists compete and win against the best High School research students. Since its inception in 2000, the WESEF organization has grown tremendously; last year almost 200 students participated in the fair from over 23 different schools.

**This year's fair will be held on Saturday, March 9, 2013,
at Sleepy Hollow High School.
If you would like to serve as a judge,
you may register online at: www.wesefreg.org/judges**

RENEW YOUR MEMBERSHIP TODAY!

If you haven't already done so, we urge you to renew your membership in the WCMS, Westchester Academy of Medicine, and MSSNY. Your continued support allows us to continue to provide you with valuable member benefits, such as:

- **The Academy accredits CME programs for most of the area hospitals at no charge to members.**
- **WCMS advocates and builds relationships on your behalf with local and state legislators on issues important to physicians and the practice of medicine.**
- **Member-only benefits such as group purchasing, discounted insurance rates and legal fees.**
- **Many social and educational events throughout the year at little or no cost to members and their guests.**

To pay your dues online go to www.mssny.org, mail your check or credit card information to the WCMS, or call Karen Foy at 914-967-9100.

Remember – membership doesn't cost, it pays!

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